Undergraduate Co-op / Internship Program:
Work / School Schedule Agreement

Undergraduate Cooperative Education / Internship Program ◆ Career Services ◆ Virginia Tech
Career Services Building (0128) ◆ Blacksburg, VA 24061 ◆ phone (540) 231-8097 ◆ fax (540) 231-3293
www.career.vt.edu

Student name: _____ ID #: _____

Email: _____ Major: _____

Career Services Advisor: _____ Graduation month & year: _____

Employer: _____ Location: _____

Academic year	Fall semester	Spring semester	Summer terms

Any changes marked on this form must be initialed by all parties to be valid.

Undergraduate Co-op / Internship Program Agreement:

- The student and employer agree to the schedule above.
- Termination or request for schedule change by the employer must be placed in writing to all parties.
- Any schedule change requested by the student must be made in writing to the Career Services advisor, after discussion with and permission from all parties. Student must state the names and titles of all parties who have consented to the change.
- Student agrees to establish learning objectives for each scheduled work term and to comply with Undergraduate Co-op / Internship Program requirements.
- The departmental academic advisor confirms that this schedule will allow the student to meet academic requirements and progress successfully toward the degree.
- The Career Services advisor confirms that the student has initiated enrollment in the Undergraduate Cooperative Education / Internship Program.

_____ _____ _____
Student's Printed Name Signature Date

_____ _____ _____
Career Services Advisor's Printed Name Signature Date

_____ _____ _____
Departmental Academic Advisor's Printed Name Signature Date

_____ _____ _____
Employer's Printed Name Signature Date

_____ _____
Employer's e-mail address Employer's phone number

_____ _____ _____
Cranwell International Center / Printed Name Signature Date
(Required for student visa holders / non-resident aliens)

After signing, each party should keep a copy of this form for his/her records.